

**KANSAS CRIMINAL JUSTICE COORDINATING COUNCIL  
OFFICE OF THE GOVERNOR  
FEDERAL GRANTS PROGRAM**

CAPITOL, 300 SW 10TH AVENUE, STE. 212S, TOPEKA KANSAS 66612-1590  
FAX: (785) 291-3204

BYRNE  
FY 2005

**PROGRAM INCOME/EXPENDITURE REPORT**

(Due 15 Days After Close of Each Quarter or the First Business Day, by 5:00 P.M. Program Income must be expended before federal funds are requested as reimbursement.)

1. NAME AND ADDRESS OF SUBGRANTEE ORGANIZATION		2. GRANT PROJECT NUMBER	
		3. REPORTING PERIOD (MMDDYY)	
		FROM:   /   /                      TO:   /   /	
4. TITLE OF GRANT PROJECT	5. GRANT AWARD AMOUNT	6. DATE OF REPORT	
7. NAME/TITLE OF AUTHORIZED AGENCY REPRESENTATIVE	8. PHONE NUMBER	9. SIGNATURE	

10. PROGRAM INCOME EARNED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Beginning Balance (line 10(c) of previous quarter's report)			
b. Program Income Earned During Quarter as a result of this grant project award	+		
c. Program Income Earned Ending Balance	=		
d. Grant Project Federal Portion (percentage of federal share per BSF)	x		
e. Federal Portion of Program Income Earned	=		

11. PROGRAM INCOME EXPENDED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Expended Beginning Balance (line 11(c) of previous quarter's report)			
b. Program Income Expended During Quarter	+		
c. Program Income Expended Ending Balance	=		
d. Grant Project Federal Portion (percentage of federal share per BSF)	x		
e. Federal Portion of Program Income Expended	=		

12. PROGRAM INCOME UNEXPENDED:	<u>Forfeitures</u>	<u>Other Income</u>	<u>Total Income</u>
a. Program Income Earned Ending Balance (copy line 10(c) from above)			
b. Program Income Expended Ending Balance (copy line 11(c) from above)	-		
c. Total Program Income Unexpended	=		

For Office of the Governor's Federal Grants Program Use

Rev. 6/04

Approved by:

Date: